

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name          |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0130034                        | ACORN ACRES, INC. |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 135 LAKE ROAD                    |                   |  |                     |                | 1          |            |                |              |

Towns Served: BOZRAH

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate (1040)                            |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

| Nitrite (1041)                            |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/20        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SEASONAL START UP COMPLETION        | 5/1/2019        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>         | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|------------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                    |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/2/18 - 7/2/18          | 3                  | 6/15/2019                  |                  | 6/25/2019               |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20266                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name          |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0130034                        | ACORN ACRES, INC. |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 135 LAKE ROAD                    |                   |  |                     |                | 1          |            |                |              |

Towns Served: BOZRAH

### Contact Information

|                          |           |     |                          |                        |               |        |           |       |          |
|--------------------------|-----------|-----|--------------------------|------------------------|---------------|--------|-----------|-------|----------|
| Name                     |           |     |                          | Organization           |               |        | Job Title |       |          |
| Ms. Sis O'neil           |           |     |                          | Acorn Acres Campground |               |        |           |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                        |               | City   |           | State | Zip Code |
| 135 Lake Road            |           |     |                          |                        |               | Bozrah |           | CT    | 06334    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone        | Email Address |        |           |       |          |
| 860-859-1020             |           |     |                          |                        |               |        |           |       |          |

Contact Role(s): **Administrative Contact**

|                          |  |           |                          |                   |              |                 |                     |       |          |
|--------------------------|--|-----------|--------------------------|-------------------|--------------|-----------------|---------------------|-------|----------|
| Name                     |  |           |                          | Organization      |              |                 | Job Title           |       |          |
| Mr. Marion O'neil        |  |           |                          | Acorn Acres, Inc. |              |                 | President/Secretary |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                   |              | City            |                     | State | Zip Code |
| 135 Lake Road            |  |           |                          |                   |              | Bozrah          |                     | CT    | 06334    |
| Business Phone           |  | Extension | Fax                      |                   | Mobile Phone | Emergency Phone | Email Address       |       |          |
| 860-859-1020             |  |           |                          |                   |              |                 |                     |       |          |

Contact Role(s): **Legal Contact**

|                          |  |           |                          |                      |              |                 |                     |       |          |
|--------------------------|--|-----------|--------------------------|----------------------|--------------|-----------------|---------------------|-------|----------|
| Name                     |  |           |                          | Organization         |              |                 | Job Title           |       |          |
| Mr. Matt Riley           |  |           |                          | Acorn Campground LLC |              |                 | Member              |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                      |              | City            |                     | State | Zip Code |
| PO Box 827               |  |           |                          |                      |              | Norwich         |                     |       | 06360    |
| Business Phone           |  | Extension | Fax                      |                      | Mobile Phone | Emergency Phone | Email Address       |       |          |
| 860-222-3997             |  | 12        | 860-222-3998             |                      |              | 860-367-2220    | matt@freeholdre.com |       |          |

Contact Role(s): **Owner**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130044                        | ACORN ACRES CAMPGROUND-SYSTEM 1: TENNIS |                     |             | NC             | 30         | P          | GW             |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 135 LAKE ROAD                    |   |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

**Total Coliform (3100)** 1 routine (RT) per quarter

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |

**Physical Parameters (PPS)** 1 routine (RT) per quarter

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |

Water System Facility: ENTRY POINT (WSF ID: 00700)

**Nitrate And Nitrite (NOX)** 1 routine (RT) per quarter

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 10/1/18 - 12/31/18       |                          |                          |
|   | 1/1/19 - 3/31/19         |                          |                          |
|   | 4/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 9/30/19         |                          |                          |

**Nitrate And Nitrite (NOX)** 1 routine (RT) per year

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/18 - 6/30/18         | 1/1-6/30                 | Complete                 |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SEASONAL START UP COMPLETION        | 5/1/2019        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>         | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|------------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                    |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/2/18 - 6/27/18         | 3                  | 6/15/2019                  |                  | 6/25/2019               |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20267                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                                 |  |                                 |  |                  |              |                 |
|---------------------------------|--|---------------------------------|--|------------------|--------------|-----------------|
| <i>Name</i>                     |  | <i>Organization</i>             |  | <i>Job Title</i> |              |                 |
| Ms. Sis O'neil                  |  | Acorn Acres Campground          |  |                  |              |                 |
| <i>Mailing Address Line One</i> |  | <i>Mailing Address Line Two</i> |  | <i>City</i>      | <i>State</i> | <i>Zip Code</i> |
| 135 Lake Road                   |  |                                 |  | Bozrah           | CT           | 06334           |

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0130044                        | ACORN ACRES CAMPGROUND-SYSTEM 1: TENNIS |  |                     | NC             | 30         | P          | GW             |              |
| Local Address (where applicable) |   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 135 LAKE ROAD                    |   |  |                     |                | 1          |            |                |              |

Towns Served: BOZRAH

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------|
| 860-859-1020   |           |     |              |                 |               |

Contact Role(s): **Administrative Contact**

| Name                     | Organization      | Job Title           |
|--------------------------|-------------------|---------------------|
| <b>Mr. Marion O'neil</b> | Acorn Acres, Inc. | President/Secretary |

| Mailing Address Line One | Mailing Address Line Two | City   | State | Zip Code |
|--------------------------|--------------------------|--------|-------|----------|
| 135 Lake Road            |                          | Bozrah | CT    | 06334    |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|-----|--------------|-----------------|---------------|
| 860-859-1020   |           |     |              |                 |               |

Contact Role(s): **Legal Contact**

| Name                  | Organization         | Job Title |
|-----------------------|----------------------|-----------|
| <b>Mr. Matt Riley</b> | Acorn Campground LLC | Member    |

| Mailing Address Line One | Mailing Address Line Two | City    | State | Zip Code |
|--------------------------|--------------------------|---------|-------|----------|
| PO Box 827               |                          | Norwich |       | 06360    |

| Business Phone | Extension | Fax          | Mobile Phone | Emergency Phone | Email Address       |
|----------------|-----------|--------------|--------------|-----------------|---------------------|
| 860-222-3997   | 12        | 860-222-3998 |              | 860-367-2220    | matt@freeholdre.com |

Contact Role(s): **Owner**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name           |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130064                        | LITTLE BROOK PLAZA |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 426 SALEM TURNPIKE               |                    |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20269                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 59796                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |              |              |  |                 |               |       |          |
|---|--|-----------|--------------------------|--------------|--------------|--|-----------------|---------------|-------|----------|
| Name  |  |           |                          | Organization |              |  |                 | Job Title     |       |          |
| Mr. Anthony Salvemini   |  |           |                          |              |              |  |                 | Owner         |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |              |              |  | City            |               | State | Zip Code |
| P.O. Box 69   |  |           |                          |              |              |  | Taftville       |               | CT    | 06380    |
| Business Phone  |  | Extension | Fax                      |              | Mobile Phone |  | Emergency Phone | Email Address |       |          |
| 860-887-5624  |  |           |                          |              |              |  |                 |               |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |              |              |  |                 |               |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name           |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130064                        | LITTLE BROOK PLAZA |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 426 SALEM TURNPIKE               |                    |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name          |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130084                        | REVELATION CHURCH |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                   | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 166 BISHOP ROAD                  |                   |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 1/31/19         |                            | Complete                 |

| Total Coliform (3100)                           |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 4/30/19         |                          |                          |
|   | 5/1/19 - 5/31/19         |                          |                          |
|   | 6/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 7/31/19         |                          |                          |
|   | 8/1/19 - 8/31/19         |                          |                          |
|   | 9/1/19 - 9/30/19         |                          |                          |
|   | 10/1/19 - 10/31/19       |                          |                          |

| Total Coliform (3100)                           |                          | 3 (TR) per month         |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 2/1/19 - 2/28/19         |                          | Complete                 |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 4/30/19         |                          |                          |
|   | 5/1/19 - 5/31/19         |                          |                          |
|   | 6/1/19 - 6/30/19         |                          |                          |
|   | 7/1/19 - 7/31/19         |                          |                          |
|   | 8/1/19 - 8/31/19         |                          |                          |
|   | 9/1/19 - 9/30/19         |                          |                          |
|   | 10/1/19 - 10/31/19       |                          |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/20        |                          |                          |

Water System Facility: **WELL #1 (WSF ID: 20271)**

| E. Coli (3014)                            |                          | 1 triggered (TG) per period |                          |
|---|--------------------------|-----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>    | <i>Compliance Status</i> |
| WELL (2)                                  | 1/22/19 - 1/28/19        |                             | Complete                 |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                   |                     |             |                |            |            |                |
|----------------------------------|-------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name          |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0130084                        | REVELATION CHURCH |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                   | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 166 BISHOP ROAD                  |                   |                     |             | 1              |            |            |                |
| Towns Served: BOZRAH             |                   |                     |             |                |            |            |                |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| L1 ASSESSMENT (MULTIPLE TC+) | 2/21/2019 |               |

### Public Notification Requirements

| Violation/Situation                             | Compliance Period | Notice Tier | Public Notification Required | Public Notification Performed | PN Certification Due to DPH | PN Certification Received |
|---|-------------------|-------------|------------------------------|-------------------------------|-----------------------------|---------------------------|
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 2/22/19 -         | 2           | 4/28/2019                    |                               | 5/8/2019                    |                           |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20271                    | WELL #1               | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54778                    | BLADDER TANK          |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                      |  |           |                          | Organization      |  | Job Title       |                             |       |          |
|---------------------------|--|-----------|--------------------------|-------------------|--|-----------------|-----------------------------|-------|----------|
| Reverend Matthew Grohocki |  |           |                          | Revelation Church |  | Pastor          |                             |       |          |
| Mailing Address Line One  |  |           | Mailing Address Line Two |                   |  | City            |                             | State | Zip Code |
| 29 Haughton Road          |  |           |                          |                   |  | Bozrah          |                             | CT    | 06334    |
| Business Phone            |  | Extension | Fax                      | Mobile Phone      |  | Emergency Phone | Email Address               |       |          |
| 860-949-5273              |  |           |                          |                   |  | 860-942-7359    | mark@myrevelationchurch.com |       |          |

Contact Role(s): **Administrative Contact, Legal Contact**

#### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

**If you have any questions, please contact the Drinking Water Section at (860) 509-7333.**

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                           |                     |             |                |            |            |                |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                  |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0130104                        | BESTWAY CONVENIENCE STORE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 419 - 421 SALEM TURNPIKE         |                           |                     |             | 1              |            |            |                |
| Towns Served: BOZRAH             |                           |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/20        |                          |                          |

| Organic Chemicals (VOCS)                  |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 10/1/18 - 12/31/18       |                            | Complete                 |
|   | 1/1/19 - 3/31/19         |                            | Complete                 |
|   | 4/1/19 - 6/30/19         |                            |                          |
|   | 7/1/19 - 9/30/19         |                            |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 11/30/2018      | 3/19/2019            |

### Public Notification Requirements

| <i>Violation/Situation</i>      | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|---------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                 |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Organic Chemicals M&R Violation | 10/1/17 - 12/31/17       |                    | 3/24/2018                  |                  | 4/3/2018                |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                  |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130104                        | BESTWAY CONVENIENCE STORE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 419 - 421 SALEM TURNPIKE         |                           |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

### Water System Facility and Sampling Point Inventory

| <i>Water System</i><br>Facility ID | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|------------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 60320                              | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |
| 60323                              | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|                          |           |                           |              |                 |                      |       |          |
|--------------------------|-----------|---------------------------|--------------|-----------------|----------------------|-------|----------|
| Name                     |           | Organization              |              |                 | Job Title            |       |          |
| <b>Mr. Asif Choudhry</b> |           | Bestway Convenience Store |              |                 | Mgr / Owner          |       |          |
| Mailing Address Line One |           | Mailing Address Line Two  |              |                 | City                 | State | Zip Code |
| 419 Salem Turnpike       |           |                           |              |                 | Bozrah               | CT    | 06334    |
| Business Phone           | Extension | Fax                       | Mobile Phone | Emergency Phone | Email Address        |       |          |
| 860-889-2266             |           |                           | 860-204-7099 |                 | asifman500@gmail.com |       |          |

Contact Role(s): **Legal Contact, Owner**

|                          |           |                           |              |                 |                        |       |          |
|--------------------------|-----------|---------------------------|--------------|-----------------|------------------------|-------|----------|
| Name                     |           | Organization              |              |                 | Job Title              |       |          |
| <b>Ms. Maryum Javaid</b> |           | Bestway Convenience Store |              |                 | Owner                  |       |          |
| Mailing Address Line One |           | Mailing Address Line Two  |              |                 | City                   | State | Zip Code |
|                          |           | 419 Salem Tpke            |              |                 | Bozrah                 | CT    | 06334    |
| Business Phone           | Extension | Fax                       | Mobile Phone | Emergency Phone | Email Address          |       |          |
| 860-383-2850             |           |                           |              | 860-705-9686    | mimoscountry@gmail.com |       |          |

Contact Role(s): **Administrative Contact, Legal Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                   |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130114                        | LEFFINGWELL BAPTIST CHURCH |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                            | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 388 SALEM TURNPIKE (ROUTE 82)    |                            |                     |             | 1              |            |            |                |

Towns Served: BOZRAH

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION   | 3/1/2024 |               |

### Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification |           | PN Certification |           |
|---------------------|-------------------|-------------|---------------------|-----------|------------------|-----------|
|                     |                   |             | Required            | Performed | Due to DPH       | Received  |
| E. Coli             | 7/1/17 - 9/30/17  | 3           | 1/10/2019           | 3/11/2019 | 1/20/2019        | 3/11/2019 |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20274                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54702                    | BLADDER TANK          |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                            |                          |                     |
|----------------------------|--------------------------|---------------------|
| Name                       | Organization             | Job Title           |
| Leffingwell Baptist Church |                          |                     |
| Mailing Address Line One   | Mailing Address Line Two | City State Zip Code |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |                                   |                          |                            |                 |                        |
|---|-----------------------------------|--------------------------|----------------------------|-----------------|------------------------|
| PWS ID  | PWS Name                          | Classification           | Population                 | Owner Type      | Primary Source         |
| <b>CT0130114</b>  | <b>LEFFINGWELL BAPTIST CHURCH</b> | <b>NC</b>                | <b>25</b>                  | <b>P</b>        | <b>GW</b>              |
| Local Address (where applicable)                              |                                   | Service Connections      | Residential                | Commercial      | Industrial             |
| 388 SALEM TURNPIKE (ROUTE 82)                                 |                                   |                          | 1                          |                 |                        |
| Towns Served: BOZRAH  |                                   |                          |                            |                 |                        |
| P.O. Box 250  |                                   | Bozrah                   |                            | CT              | 06334                  |
| Business Phone  | Extension                         | Fax                      | Mobile Phone               | Emergency Phone | Email Address          |
| 860-887-7703  |                                   |                          |                            |                 |                        |
| Contact Role(s): <b>Owner</b>                                 |                                   |                          |                            |                 |                        |
| Name  |                                   |                          | Organization               |                 | Job Title              |
| <b>Mr. Robert Macgregor</b>                                   |                                   |                          | Leffingwell Baptist Church |                 | Head Trustee           |
| Mailing Address Line One                                      |                                   | Mailing Address Line Two |                            | City            | State                  |
| P.O Box 250   |                                   |                          |                            | Bozrah          | CT                     |
| Business Phone  | Extension                         | Fax                      | Mobile Phone               | Emergency Phone | Email Address          |
| 860-887-7703  |                                   |                          |                            |                 | RMACGREGOR4@ICLOUD.COM |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |                                   |                          |                            |                 |                        |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                 |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--|---------------------|-------------|----------------|------------|------------|----------------|
| CT0130134                        | ACORN ACRES CAMPGROUND-SYSTEM 2: LAUNDRY |                     |             | NC             | 30         | P          | GW             |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 135 LAKE ROAD                    |  |                     |             | 1              |            |            |                |
| Towns Served: BOZRAH             |  |                     |             |                |            |            |                |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19           |                          |                          |
|   | 7/1/19 - 9/30/19           |                          |                          |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19           |                          |                          |
|   | 7/1/19 - 9/30/19           |                          |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 | 1 routine (RT) per year  |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          |                          |
|   | 1/1/20 - 12/31/20        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SEASONAL START UP COMPLETION        | 5/1/2019        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>         | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|------------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                    |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/2/18 - 7/2/18          | 3                  | 6/15/2019                  |                  | 6/25/2019               |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 22725                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                          |  |                        |     |                          |              |                 |               |  |       |          |
|--------------------------|--|------------------------|-----|--------------------------|--------------|-----------------|---------------|--|-------|----------|
| Name                     |  |                        |     | Organization             |              |                 | Job Title     |  |       |          |
| Ms. Sis O'neil           |  |                        |     | Acorn Acres Campground   |              |                 |               |  |       |          |
| Mailing Address Line One |  |                        |     | Mailing Address Line Two |              |                 | City          |  | State | Zip Code |
| 135 Lake Road            |  |                        |     |                          |              |                 | Bozrah        |  | CT    | 06334    |
| Business Phone           |  | Extension              | Fax |                          | Mobile Phone | Emergency Phone | Email Address |  |       |          |
| 860-859-1020             |  |                        |     |                          |              |                 |               |  |       |          |
| Contact Role(s):         |  | Administrative Contact |     |                          |              |                 |               |  |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                       |   |                          |              |                     |                     |
|---------------------------------------|---|--------------------------|--------------|---------------------|---------------------|
| PWS ID                                | PWS Name  | Classification           | Population   | Owner Type          | Primary Source      |
| <b>CT0130134</b>                      | <b>ACORN ACRES CAMPGROUND-SYSTEM 2: LAUNDRY</b> | <b>NC</b>                | <b>30</b>    | <b>P</b>            | <b>GW</b>           |
| Local Address (where applicable)      |   | Service Connections      | Residential  | Commercial          | Industrial          |
| 135 LAKE ROAD                         |   |                          | 1            |                     |                     |
| Towns Served: BOZRAH                  |   |                          |              |                     |                     |
| Name                                  |   | Organization             |              | Job Title           |                     |
| <b>Mr. Marion O'neil</b>              |   | Acorn Acres, Inc.        |              | President/Secretary |                     |
| Mailing Address Line One              |   | Mailing Address Line Two |              | City                | State               |
| 135 Lake Road                         |   |                          |              | Bozrah              | CT                  |
| Business Phone                        | Extension                                       | Fax                      | Mobile Phone | Emergency Phone     | Email Address       |
| 860-859-1020                          |   |                          |              |                     |                     |
| Contact Role(s): <b>Legal Contact</b> |   |                          |              |                     |                     |
| Name                                  |   | Organization             |              | Job Title           |                     |
| <b>Mr. Matt Riley</b>                 |   | Acorn Campground LLC     |              | Member              |                     |
| Mailing Address Line One              |   | Mailing Address Line Two |              | City                | State               |
| PO Box 827                            |   |                          |              | Norwich             | 06360               |
| Business Phone                        | Extension                                       | Fax                      | Mobile Phone | Emergency Phone     | Email Address       |
| 860-222-3997                          | 12  | 860-222-3998             |              | 860-367-2220        | matt@freeholdre.com |
| Contact Role(s): <b>Owner</b>         |   |                          |              |                     |                     |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0131003                        | CHILDRENS DENTAL ASSOCIATION |  |             | NC             | 110        | P          | GW             |              |
| Local Address (where applicable) |                              |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 392 SALEM TURNPIKE               |                              |  | Connections |                | 1          |            |                |              |
| Towns Served: BOZRAH             |                              |  |             |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         |                   |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 56901                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 57123                    | PRESSURE TANK         |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                                |           |     |                          |                    |                                |        |           |       |          |
|--------------------------------|-----------|-----|--------------------------|--------------------|--------------------------------|--------|-----------|-------|----------|
| Name                           |           |     |                          | Organization       |                                |        | Job Title |       |          |
| Ms. Melanie Fatone             |           |     |                          | Cd Investors, LLC. |                                |        | Owner     |       |          |
| Mailing Address Line One       |           |     | Mailing Address Line Two |                    |                                | City   |           | State | Zip Code |
| Childrens Dental Association   |           |     | 392 Salem Turnpike       |                    |                                | Bozrah |           | CT    | 06334    |
| Business Phone                 | Extension | Fax | Mobile Phone             | Emergency Phone    | Email Address                  |        |           |       |          |
| 860-886-5576                   | 1         |     |                          |                    | mfatone@childrensdentalnlc.com |        |           |       |          |
| Contact Role(s): Legal Contact |           |     |                          |                    |                                |        |           |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                                     |                          |              |                 |                          |
|--|-------------------------------------|--------------------------|--------------|-----------------|--------------------------|
| PWS ID   | PWS Name                            | Classification           | Population   | Owner Type      | Primary Source           |
| <b>CT0131003</b>                               | <b>CHILDRENS DENTAL ASSOCIATION</b> | <b>NC</b>                | <b>110</b>   | <b>P</b>        | <b>GW</b>                |
| Local Address (where applicable)               |                                     | Service Connections      | Residential  | Commercial      | Industrial               |
| 392 SALEM TURNPIKE                             |                                     |                          |              | 1               |                          |
| Towns Served: BOZRAH                           |                                     |                          |              |                 |                          |
| Name   |                                     | Organization             |              | Job Title       |                          |
| <b>Ms. Michelle Hertes</b>                     |                                     | Cd Investors LLC         |              | Manager         |                          |
| Mailing Address Line One                       |                                     | Mailing Address Line Two |              | City            | State                    |
| 392 Salem Turnpike                             |                                     |                          |              | Bozrah          | CT                       |
| Business Phone                                 | Extension                           | Fax                      | Mobile Phone | Emergency Phone | Email Address            |
| 860-886-5576                                   |                                     | 860-885-1379             |              | 860-886-5576    | children.dental@snet.net |
| Contact Role(s): <b>Administrative Contact</b> |                                     |                          |              |                 |                          |

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***End of schedule***

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